

Prostate Cancer and Bone Health: What's the Connection?

If you (or your loved one) are suffering from prostate cancer, being involved in your wellness can make a difference in your health and continued independence. Knowing your body—and understanding what to expect—is the key to managing your health. As prostate cancer advances, your bones can be impacted.

Two conditions that can arise and impact bone health are:

- Treatment-induced bone loss — could

be caused by the side effects of medications taken for prostate cancer

- Bone metastases — A result of advancing prostate cancer, when the disease spreads to the bones.

Maintaining Bone Strength: Why It Matters

The healthier your bones, the more active you can be. The more active you are, the healthier your bones will be and the better you'll feel. Bone health has a major effect on your quality of life and on the quality of life of those

who care for you. The better your bone health, the more independent you can be—a benefit for everyone.

Background on Bones

Bones perform several functions. They provide the body's framework; act as the attachment point for muscles, allowing us movement; protect our organs; store and release minerals vital to bodily functions; and produce blood cells.

(Continued on page 2)

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Thanks!

Next meeting: September 17, 2015
Dr. Rashmi Koul, Radiation Oncologist and
Dr. Poitr Czaykowski, Medical Oncologist
Topic: General overview of prostate cancer
& treatments with time for Q. & A.
Location: Caboto Centre – 1055 Wilkes
Time: 7 to 9 p.m.
*Free parking, coffee and info books available.
No registration necessary.*



*The Manitoba Prostate Cancer Support Group
does not recommend treatment modalities,
medications, or physicians.*

MPCSG – active since 1992.

Thought of The Day

Ever Wonder.....why the sun lightens our hair but darkens our skin?

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Throughout our lives, our bones are changing constantly. Bone is a living tissue, not a hard, lifeless structure. It is constantly renewing itself through a process called remodeling. In doing so, cells called osteoclasts break apart old areas of bone, and other cells called osteoblasts create new bone to fill in the old areas.

When this process is balanced—when the breakdown of old bone and the creation of new bone are equal—bone strength and bone health are maintained. Bone strength is greatest

between the ages of 20 and 30, when you have reached your peak bone mass or bone mineral density (BMD). After age 30, bone breakdown outpaces bone formation.

Although this is generally a very slow process, it is a major reason that bones

weaken as you

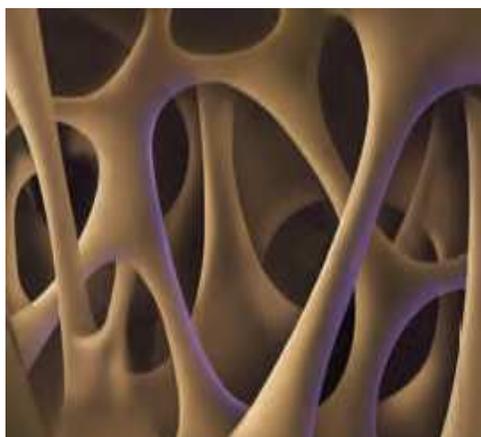
age. It's never too early or too late to begin taking steps to maintain bone mass and prevent bone loss.

What You Can Do to Maintain Healthy Bones as You Manage Your Pca

- **Manage your diet**—It's important that men over 50 years old get at least 1200 mg of calcium daily. Green vegetables (broccoli, spinach, etc) and defatted soy products (soy milk, tofu, and soy protein powder) are good sources of calcium.
- **Take a calcium supplement**—The best source of calcium is your diet, but you may need to speak with your health care provider to consider taking a calcium supplement to attain your daily calcium requirement. If you do

take a supplement, your physician may check your 24-hour urine-calcium output every few months to determine if your calcium levels are in the normal range.

- **Vitamin D**—Vitamin D allows your body to process calcium. Men should have at least 400 international units (IU) of vitamin D daily, but not more than 800 IU. Exposing your skin to the sun for 15 minutes a day and/or supplements allow your body to process calcium. Store-purchased vitamin D (cholecalciferol) at doses of 400 IU (not exceeding 800 IU) is indicated. It is



A healthy bone: microscopic view



Bone loss: microscopic view

helpful to get a baseline serum vitamin D measurement before supplementation. It may be necessary to take prescription vitamin D (Rocaltrol® calcitriol) if cholecalciferol (store bought) does not elevate serum vitamin D to acceptable levels.

- **Limit salt**—Salt reduces your body's ability to use calcium, so you should try to limit the amount that you use. Read food labels to find out the sodium content.
- **Limit protein**—Men should have about 56 grams of protein every day, but most men usually have double that amount. Too much protein can prevent your body from holding onto calcium, so try to moderate the amount of protein you eat.
- **Don't smoke or drink alcohol**—Smoking and alcohol weaken bone, so

you should try to avoid them. If you do drink alcohol, limit the amount to 2 to 3 oz./day.

- **Exercise**—You should try to do some type of weight-bearing exercise for 30 minutes a day, 4 days a week. However, it's important to avoid the kind of exercise that puts sudden or excessive strain on the bones. Ask your health care provider about the type of exercise that is best for you.

Bone Loss: Men Are Not Immune

Bone loss is a condition in which bone

increasing the risk for fracture. There are no warning signs, and most often it affects the bones of the hip, wrist, and spine. Bone loss occurs in men more often than commonly thought. It will cause a fracture in 1 of 4 men older than age 50. It can be managed, and is

preventable.

Risk Factors that All Men Need to Consider

- **Age**—The older you are, the greater the risk.
- **Family history**—Men whose immediate relatives have or have had bone loss are at greater risk.
- **Lifestyle factors**—Smoking, drinking too much alcohol, not consuming enough calcium, and not getting enough exercise.
- **Race/ethnicity**—White males seem to be at greatest risk, although men from all racial and ethnic groups can develop bone loss.
- **Medications and medical conditions**—Prolonged use of certain

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medications used to treat chronic medical problems, such as asthma, diabetes, hypothyroidism, liver disease, and rheumatoid arthritis, may have side effects that can damage bone and lead to bone loss.

The Relationship Between Prostate Cancer and Bone Loss

Some treatments for prostate cancer can increase bone loss risk:

- Men with decreased testosterone levels resulting from treatment for prostate cancer are at an increased risk for developing bone loss. Examples of medications that decrease testosterone include Lupron® (leuprolide acetate) and Zoladex® (goserelin acetate implant).
- Radiation therapy to the bone and some kinds of chemotherapy also might decrease bone density and increase the risk for bone loss.

How Bone Loss Is Diagnosed

Review of medical and family history, including a survey of your risk factors
Complete physical examination
Bone mineral density (BMD) test, an X-ray-type test that measures bone mass, helps determine bone strength and predict the risk for future fracture. It is important to get a bone density test (BMD) before and during hormone therapy (androgen deprivation therapy, ADT) to establish a baseline value and then to monitor it. Keep a copy of the BMD report in your patient files.

How Bone Loss Is Treated

The lifestyle factors mentioned make an important difference in the treatment of bone loss. In addition, some medications are available. Most bone loss medications are “antiresorptives,” which means that they work by slowing down or stopping the action of osteoclasts, the cells that break down and remove old bone tissue. The

bisphosphonates are medications that slow bone loss and, in some cases, increase bone mass.

If your test determines that you have low BMD, you may be prescribed a bisphosphonate to help improve your bone density. Fosamax® (alendronate) and Actonel® (risedronate) are 2 bisphosphonates that are approved in the United States for bone loss in men. They are taken orally, usually once a day or once a week. However, these medications have not been studied in men suffering from bone loss due to treatment for their prostate cancer. Therefore, if you are someone who does not like to take medications daily or weekly, and has a sensitive stomach, or has treatment-induced bone loss, there is an intravenous bisphosphonate that can be taken once every 3 months. Recent studies have shown that the intravenous bisphosphonate Zometa® (zoledronic acid) not only prevents bone loss (similar to the oral bisphosphonates) caused by drugs used to treat prostate cancer, but also increases BMD. While taking Zometa, patients should also be administered an oral calcium supplement of 500 mg and a multiple vitamin containing 400 IU of Vitamin D daily.

Recommendations:

- It is important to get a bone density test (BMD) prior to and during hormone therapy (androgen deprivation therapy, ADT) to establish a baseline value and monitor levels.
- BMD should be evaluated annually.
- Monitor your urinary output of calcium and serum vitamin D.
- The best source of calcium intake is leafy green vegetables, followed by calcium supplements.

Bone Metastases and Advancing Prostate Cancer

Another situation in which bone is affected by prostate cancer is when the

cancer metastasizes, or breaks away and travels—usually via the bloodstream—to other parts of the body, primarily in the advanced stages of the disease.

When this happens in prostate cancer, the most commonplace for the cancer to go is to the bone. The bones most commonly affected are the spine, hips, and ribs. Normal bone is constantly being remodeled, or broken down and rebuilt. Cancer cells that have spread to the bone disrupt the balance between the activity of osteoclasts (cells that break down bone) and osteoblasts (cells that build bone), disrupting their normal remodeling and causing excessive bone breakdown or abnormal build-up. Bone metastases cause damage that may make the bone more susceptible to complications such as pain and fractures.

Prostate cancer behaves differently in each individual. In many men, prostate cancer never spreads to any other site. In the men in whom it does spread, bone metastases occur in 65% to 75% of all patients, and the bone is often the only site of metastases. Prostate cancer that spreads to the bones is still prostate cancer, not bone cancer. Bone metastases result in areas of weak, unstable bone that could cause debilitating pain and fractures.

Knowing the Signs and Symptoms of Bone Metastases Is Important

- First, if it happens and you know what to look for, you’re much more likely to catch it early. And if you catch it early, more can be done to help. If bone metastases occur, there is a lot that can be done to manage it and improve your quality of life.
- Second, knowing what the signs and symptoms are means that you don’t have to worry about every little

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twinge you experience—and that's something that many individuals who have had cancer say that they tend to do.

Symptoms of Bone Metastases

- A common symptom is pain in the bones, but this is not always the case. Sometimes bone metastases are "silent." In addition, arthritic pain can be confused with bone metastases. A positive bone scan is necessary to establish the presence of bone metastases.
- The pain of metastases usually does not occur in the joints.
- The bone pain lingers; it won't just go away by itself in a few days.
- Other signs to look for include history of fracture, prior radiation to bone, rising PSA, and elevated serum or urinary telopeptides and urinary deoxypyridinoline.

How Bone Metastases Are Diagnosed

- Radionuclide bone scans
- X-rays
- MRI scans
- CT scans
- Blood tests

How Bone Metastases Are Treated

- Hormone therapy (androgen deprivation, ADT)—Hormone therapy is an important treatment early in the course of bone metastases. It is based on depriving the cancer cells of the growth stimulus that hormones provide.
- Intravenous (IV) bisphosphonate therapy—IV bisphosphonate therapy is a new option for the treatment of bone complications related to prostate cancer. Unlike other treatments for metastases that focus on the cancer, IV bisphosphonates act on the bones directly and are not a treatment for prostate cancer. These medications slow the bone-destroying activity that occurs with bone metastases by

working directly against the cells that cause the abnormal bone formation. Zometa® is the only IV bisphosphonate approved for treatment of bone metastases in men with prostate cancer and is administered as a 15-minute infusion in the doctor's office every 3 to 4 weeks.

- Radiation therapy—Radiation therapy is the use of high-energy rays to damage cancer cells and keep them from growing. It can be effective in reducing bone pain and preventing fractures and is especially useful if just a single area requires treatment.
- Immunotherapy—Immunotherapy is a form of systemic therapy that helps the immune system recognize and destroy cancer cells.
- Surgery—Surgery may be used in the treatment of bone metastases to reinforce a bone that is at risk for breaking or to repair a bone that already has broken.
- Chemotherapy—Chemotherapy is directed against the cancer itself and involves the use of anticancer drugs, which are injected into a vein or taken by mouth. These drugs enter the bloodstream and travel to the metastases to kill the cancer cells.

Recommendations:

- All patients with advanced prostate cancer should get an annual bone scan.
- It is best to have all your dental problems taken care of before you start treatment, because treatment affects bone healing and recovery.
- Keep a copy of the report in your files.

Prostate Cancer and Bone Health: The Bottom Line

An independent, successful, satisfying life is possible with prostate cancer. Because prostate cancer has an affinity for your bones, knowing about your bones is important.

You can make a difference in managing your bone health:

- Don't let symptoms scare you. See them as a signal to get more information and take action.
- Not all symptoms represent recurrence of prostate cancer.
- Maintaining your bone health will help maintain your quality of life.
- If you have symptoms that concern you, quickly tell your health care provider.
- The sooner your symptoms are diagnosed, the more that can be done to help.
- You are the expert on you. Know yourself...and trust yourself.

source: www.ustoo.org

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Caregiver Stress: Tips for Taking Care of Yourself

Caring for a loved one strains even the most resilient people. If you're a caregiver, take steps to preserve your own health and well-being.

As the population ages, more caregiving is being provided by people who aren't health care professionals. A caregiver is anyone who provides help to another person in need, such as an ill spouse or partner, a disabled child, or an aging relative. However, family members who are actively caring for an older adult often don't self-identify as a "caregiver." Recognizing this role can help caregivers receive the support they need.

Caregiving is rewarding but stressful

Caregiving can have many rewards. For most caregivers, being there when a loved one needs you is a core value and something you wish to provide. But a shift in roles and emotions is almost certain. It is natural to feel angry, frustrated, exhausted, alone or sad. Caregiver stress — the emotional and physical stress of caregiving — is common.

People who experience caregiver stress can be vulnerable to changes in their own health. Risk factors for caregiver stress include:

- => Being female
- => Having fewer years of formal education
- => Living with the person you are caring for
- => Social isolation
- => Having depression
- => Financial difficulties
- => Higher number of hours spent caregiving
- => Lack of coping skills and difficulty solving problems
- => Lack of choice in being a caregiver

Signs of caregiver stress

As a caregiver, you may be so focused on your loved one that you don't realize that your own health and well-being are suffering. Watch for these signs of caregiver stress:

- => Feeling overwhelmed or constantly worried
- => Feeling tired most of the time
- => Sleeping too much or too little
- => Gaining or losing a lot of weight
- => Becoming easily irritated or angry
- => Losing interest in activities you used to enjoy
- => Feeling sad
- => Having frequent headaches, bodily pain or other physical problems

=> Abusing alcohol or drugs, including prescription medications
Too much stress, especially over a long time, can harm your health. As a caregiver, you're more likely to experience symptoms of depression or anxiety. In addition, you may not get enough sleep or physical activity, or eat a balanced diet — which increases your risk of medical problems, such as heart disease and diabetes.

Strategies for dealing with caregiver stress

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PROSTATE CANCER Awareness Evening

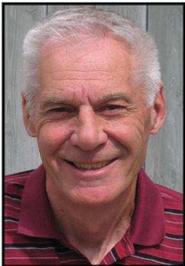
Thursday, September 17, 2015 • 7-9pm

Caboto Centre – 1055 Wilkes Avenue

FREE ADMISSION



Dr. Piotr Czaykowski
Medical Oncologist



Brian Sprott
Chair, MPCSG



Dr. Rashmi Koul
Radiation Oncologist

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The emotional and physical demands involved with caregiving can strain even the most resilient person. That's why it's so important to take advantage of the many resources and tools available to help you provide care for your loved one. Remember, if you don't take care of yourself, you won't be able to care for anyone else.

To help manage caregiver stress:

=> **Accept help.** Be prepared with a list of ways that others can help you, and let the helper choose what he or she would like to do. For instance, one person might be willing to take the person you care for on a walk a couple of times a week. Someone else might offer to pick up groceries or cook for you.

=> **Focus on what you are able to provide.** It's normal to feel guilty sometimes, but understand that no one is a "perfect"

caregiver. Believe that you are doing the best you can and making the best decisions you can at any given time.

=> **Set realistic goals.** Break large tasks into smaller steps that you can do one at a time. Prioritize, make lists and establish a daily routine. Begin to say no to requests that are draining, such as hosting holiday meals.

=> **Get connected.** Find out about caregiving resources in your community. Many communities have classes specifically about the disease your loved one is facing. Caregiving services such as transportation and meal delivery may be available.

=> **Join a support group.** A support group can provide validation and encouragement, as well as problem-solving strategies for difficult

situations. People in support groups understand what you may be going through. A support group can also be a good place to create meaningful friendships.

=> **Seek social support.** Make an effort to stay well-connected with family and friends who can offer nonjudgmental emotional support. Set aside time each week for connecting, even if it's just a walk with a friend.

=> **Set personal health goals.** For



example, set a goal to establish a good sleep routine or to find time to be physically active on most days of the week. It's also crucial to fuel your body with healthy foods and plenty of water.

=> **See your doctor.** Get recommended immunizations and screenings. Make sure to tell your doctor that you're a caregiver. Don't hesitate to mention any concerns or symptoms you have.

Respite care

It may be hard to imagine leaving your loved one in someone else's care, but taking a break can be one of the best things you do for yourself — as well as the person you're caring for. Most communities have some type of

respite care available, such as:

=> **In-home respite.** Health care aides come to your home to provide companionship, nursing services or both.

=> **Adult care centers and programs.** Some centers provide care for both older adults and young children, and the two groups may spend time together.

=> **Short-term nursing homes.** Some assisted living homes, memory care homes and nursing homes accept people needing care for short stays while caregivers are away.

The caregiver who works outside the home

Nearly 60 percent of caregivers work outside of the home. If you work outside the home and are feeling overwhelmed, consider taking a break from your job.

Employees may be able to take unpaid leave to

care for relatives. Ask your human resources office about options for unpaid leave.

You aren't alone

If you're like many caregivers, you have a hard time asking for help. Unfortunately, this attitude can lead to feeling isolated, frustrated and even depressed.

Rather than struggling on your own, take advantage of local resources for caregivers. To get started, contact your local Area Agency, your family doctor to learn about services in your community.

Source: By Mayo Clinic Staff

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New Wellness Program at CancerCare Manitoba

Moving Forward After Cancer: What You Can Do to Stay As Healthy As Possible.

“Many people have mixed feelings once their cancer treatments are over,” says Jill Taylor-Brown, Director of Patient and Family Support Services. “On the one hand, there is relief to be through the physical and emotional demands of treatment. On the other hand, there is anxiety about the future.”

“*Moving Forward After Cancer Wellness Program* is designed to help with all these concerns and is available to men and women who have completed treatment within the last two years,” says Elizabeth Payne, CCMB social worker and program facilitator.

“The program is designed to help



former cancer patients transition from active treatment to life after treatment, through topics on nutrition, exercise, emotional health and well-being, what to expect in follow-up care and more. It is held twice a week for eight weeks and each session includes a period of exercise at your own pace led by an exercise specialist.”

CancerCare Manitoba has partnered with the Winnipeg Reh-Fit Centre to enhance

an earlier program, and all sessions are now held at their facility located at 1390 Taylor Avenue. One participant expressed how the program has helped them, “I learned that I was not alone with my anxiety about transitioning back to normal life”. Other participants commented, “It helped me to improve my physical well-being, stamina and mental state.”

and “It was exactly what I needed!”

The program is available at no cost to participants, thanks to funding from the CancerCare Manitoba Foundation. The next session begins in October. Register now to save your spot by calling 204-787-2109.

Source: *The Navigator*, August 2015
– courtesy CancerCare Manitoba.

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Asco Endorses Adjuvant And Salvage Radiotherapy After Prostatectomy

The American Society of Clinical Oncology (ASCO) today issued an endorsement on the use of adjuvant and salvage radiotherapy after prostatectomy. It was published today in the *Journal of Clinical Oncology*.

The guideline recommends that physicians discuss adjuvant radiotherapy with patients who have adverse pathologic findings at prostatectomy (i.e., seminal vesicle invasion, extensive positive surgical margins) and salvage radiotherapy with patients with detectable postoperative prostate-specific antigen

(PSA) or local recurrence after prostatectomy. Patients should be informed that, while adjuvant radiotherapy reduces the risk of recurrence and disease progression, its impact on preventing metastases and extending survival is less clear.

An ASCO guideline endorsement panel



added one qualifying statement that not all men who are candidates for adjuvant or salvage radiotherapy have the same risk of recurrence or disease progression, and thus, not all men will derive the same benefit from adjuvant radiotherapy. Those at the highest risk for recurrence after radical prostatectomy (including men with seminal vesicle invasion, Gleason score 8 to 10, extensive positive margins, and detectable postoperative PSA) are likely to derive the greatest benefit.

Source: urotoday.com
November 2014

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Credit Card donations can be made by going to our website at: www.manpros.org and clicking on the donate tab.
 Canada Helps will issue a tax receipt. **Amount:** \$25 \$50 \$75 \$100 Other _____

Thanks to Janssen

The Manitoba Prostate Cancer Support Group Board would like to thank Janssen Pharmaceuticals for a recent donation. Janssen’s drug, Zytiga (abiraterone), is used to treat men with metastatic prostate cancer by stopping the body from producing testosterone. We gratefully acknowledge this contribution and Janssen’s



commitment to assist us. This donation will be used to further our work of providing awareness, education and support for prostate cancer patients in our community.
Their kindness is much appreciated.

Email - manpros@mts.net

ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

Answering Machine - (204) 989-3433

Help us lower our costs :

Receive this newsletter by email ~ Please notify us and we’ll make the changes. Thank-you

2015 MEETINGS

- Jan. 15 Dr. Rashmi Koul**, Radiation Oncologist
Topic: Prostate Cancer and Bone Health
- Feb. 19 Bill Martin**, Gimli Author
Topic: Ripped Out: One Man’s Journey Surviving PCa
- Mar. 19 Dr. Robert Wightman**, Pathologist
Topic: Biopsy Report and its Role in Determining Therapy
- Apr. 16 Dr. Sabeer Rehsia**, Urologist
Topic: Biochemical Recurrence: What are Your Options?
- May 21 Dr. Paul Daeninck**, Medical Oncologist
Topic: Medical Marijuana: Is This “Bud” For You?
- June 18 Edith Mulhall**, Lymphedema Assoc. of Manitoba
Topic: Lymphedema Basics
- July No Meeting**
- Aug. 20 Dr. Reece Malone**, Sexuality Educator
Topic: Reclaiming Intimacy and Nurturing Connection after Prostate Cancer.
- Sept.17 Prostate Cancer Awareness Evening** at Caboto Centre - 1055 Wilkes Ave. 7 – 9 pm
Dr. Rashmi Koul, Radiation Oncologist
Dr. Piotr Czaykowski, Medical Oncologist
- Oct. 15 Dr. Kelli Berzuk**, Incontinence Physiotherapist
Topic: Living With Incontinence: Do I Have To?
- Nov. 19 Christmas Pot Luck Party**
- Dec. No Meeting**

All meetings 7 – 9 p.m. at
 Seven Oaks General Hospital Auditorium
 (except September)
 Everyone Welcome

MPCSG BOARD

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 publication



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